

Cardiac Ready Community Implementation and Evaluation Guidelines



Cardiac Ready Communities

This document will assist community coalitions in developing a Cardiac Ready Community. It is to be used in conjunction with the Community Application and Toolkit.

State of Montana EMS&TS

1400 Broadway,
Helena, MT 59620

406-444-0442 office

406-444-1814 fax



Cardiac Ready Community Implementation and Evaluation Guidelines

Overview

In a cardiac arrest, every second can mean the difference between life and death. In rural communities, the cardiac arrest survival rate is lower than in urban areas due to increased EMS response times. One important factor affecting rural cardiac arrest survival rates is whether there is a bystander trained in cardiopulmonary resuscitation (CPR) who witnessed the arrest. An untrained bystander may be hesitant to begin CPR and/or are unable to deliver high-quality CPR for very long. A trained 911-dispatcher can talk a caller through the steps of CPR, but many rural dispatchers lack the training to do so. These are just a few of the important factors that delay the onset of life-saving CPR.

Another important factor affecting rural cardiac arrest survival is the availability of automated external defibrillators (AEDs). In rural areas, AEDs are not as readily accessible. Some rural first responders, including law enforcement, carry AEDs; however by the time they arrive on scene it may be too late to save the patient.

To address these issues, Cardiac Ready Communities (CRC) attempt to improve survival rates by intervening along the continuum of the chain of survival (Eisenberg, 2013). The cardiac arrest chain of survival includes early cardiac arrest detection, early access to EMS services, bystander CPR, early defibrillation, advanced cardiovascular life support and post resuscitative care in a hospital. A CRC operates on the principle that better outcomes from a cardiac arrest are possible when every community member knows basic CPR and community resources are available (such as AED's) to assist in maintaining life before ambulance services arrive. The chain of survival in rural areas depends on community-wide involvement.

The Cardiac Arrest Chain of Survival

In a community wide effort, each citizen is extremely important in saving a life; he/she may be the only person who can provide CPR or administer a shock until emergency medical services arrive.

The Cardiac Ready Communities Program of the EMS and Trauma Systems Section of the Montana DPHHS developed a toolkit describing the conditions a community needs to attain to be Cardiac Ready recognized. Recognition suggests a community is more likely to improve survival rates from cardiac arrest for its citizens. This manual is a supplement to the toolkit and



details the steps for the effective implementation and subsequent evaluation of a CRC. The manual consists of eight (8) steps, each listing key considerations and resources in becoming CRC recognized. The eight steps are:

1. Identifying a Champion
2. Establishing a Community Coalition
3. Complete an Initial Assessment of all Community Wide Initiatives (CWIs)
4. Implement a few CWIs at a time
5. Promoting the CWIs
6. Monitoring/Evaluating the Progress of Chosen CWIs
7. Selecting Additional CWIs and Repeating
8. Setting up a Final Meeting with the State for recognition

It is important to note although every community should follow the eight steps, each CRC implementation plan will be unique. This is because each community has different strengths and this will dictate unique strategies for implementing each CWI.

As you complete the eight steps, you must collect and organize specific lists, tables and other information needed by the state to verify and recognize your community as cardiac ready. It is highly recommended you pay due diligence to gathering these data so there will be no surprises during the recognition visit. The state recommends you organize these data into a single packet called the *CRC Recognition Packet*, to submit prior to the recognition visit.

Step 1. Identifying a Champion

Leadership is essential to the success of the CRC initiative. First, you need to identify a champion who will be responsible for spearheading the CRC initiative. The champion must be a strong, motivated problem solver who is knowledgeable about the community and the CRC initiative (Kirkpatrick & Locke, 1991).

Anyone or any organization can serve as the champion. Three organizations that typically act as the champion, with someone designated as the lead person include the local EMS agency, the local LEPC or the local health department.

- Your local Emergency Medical Service (EMS) is well versed in cardiac arrest protocol and because of their central position in the cardiac arrest response have established relationships with many other community agencies. This is very beneficial in securing community wide cooperation. The EMS Medical Director would be an effective champion because of his/her relationship between EMS services and the hospitals (FEMA, 2012).
- Your Local Emergency Planning Committee (LEPC) will already be familiar with many of the major stakeholders in the cardiac care response. The LEPC's preexisting working relationship with these stakeholders will be a valuable asset. The county or town emergency manager could be an effective champion.
- Your Local Health Department (LHD) is also a good choice because of its familiarity with government regulations. This is especially helpful when interacting with the state as you implement a CRC. Someone on the staff could be an effective champion.

Identifying a champion from any of these organizations is good choice because all have extensive knowledge of the community, health care organizations, and health care regulations. Each also has networks to secure cooperation from other key community stakeholders. Another possibility is the local hospital.

The champion is responsible for providing progress updates to the state as well as collecting any materials needed for the final recognition process. After identifying and selecting a champion, send the champion's contact information to Janet Trethewey. The champion will serve as the primary point of contact with the state and be responsible for coordinating and providing the data needed for the recognition visit.



Janet Trethewey

Cardiac Ready Communities Program
Coordinator

Phone (406) 444-0442

E-Mail: jtrethewey@mt.gov

Step 2. Establishing the Community Coalition

The champion needs assistance in planning and implementing the CRC initiative. A community coalition is necessary to aid the process and further local level involvement. Forming a coalition can occur simultaneously or before designating a champion. This is because sometimes a champion naturally emerges from the coalition.

A successful community coalition has representation from all sectors of your community. Broad community representation is necessary for securing buy-in and leveraging resources.

The community coalition should consist of approximately 5-12 members. Research suggests keeping small groups within this range increases efficiency and prevents the onset of social loafing behavior (Futures, 2010). However, a balance must be struck between a manageable coalition size and ensuring representation from all community stakeholders.

Listed below are key representatives you should consider including in the coalition:

(i) EMS Representative

EMS is an essential component of the cardiac arrest response process. EMS is responsible for patient stabilization and transport of the patient to the hospital. The EMS agency is responsible for overseeing daily operations as well as coordinating their department with other agencies (such as the fire department). Your EMS agency has the background to establish a strong presence on the coalition. If you are unaware of how to reach the EMS service manager in your area, contact Shari Graham at the Montana Department of Public Health and Human services for assistance.



Shari Graham
EMS Systems Manager
phone: (406) 444-6098
Email: sgraham2@mt.gov

(ii) Fire Department Representative

The fire department contains additional resources for AED deployment as well as CPR trained first responders. Within your local fire department, the Fire Chief is a good point of contact as he/she is responsible for managing all activities within the fire district and for communicating with other local fire districts on a regular basis. If you are unsure of how to contact the fire chief in your community, then contact your local sheriff's office and ask for the fire department's contact information. In some communities, EMS and fire are in the same department.

(iii) Hospital Representative

Local hospitals are responsible for receiving, treating/stabilizing the patient, and often, patient transfer. Patient transfer is an important component of the cardiac response process and thus hospital representation is vital. Local hospitals are also a great resource for hosting education and CPR training, both of which are assets to the coalition.

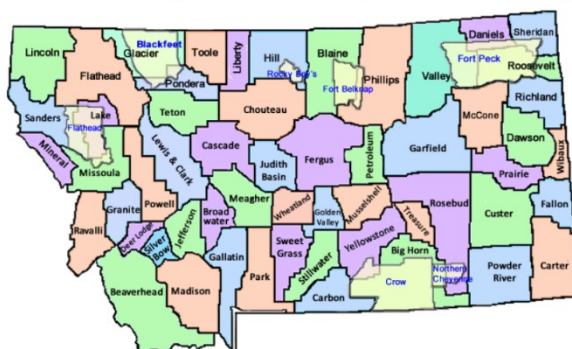
To secure smaller hospital cooperation (i.e., critical access hospitals or CAHs) contact the hospital administration. The administrator may refer you to the appropriate individual or they may have someone from the staff get directly involved. For larger, regional hospitals, contact the emergency department (ED) director. The ED director or another individual in the same department would be a good candidate to secure larger hospital involvement.

(iv) County Health Department Representative

The county health officer or county health nurse plays a major leadership role in your county health department and is the appropriate individual to contact regarding health department involvement on the coalition. His/her relationship to the state health department as well as his/her leadership experience will be helpful. Below is a link to the list of the county health departments in Montana.

County or Tribal Health Departments

To see a list of offices available in each county, click on the county below or the corresponding county name below.



[County or Tribal Health Departments](#)

(v) School Representative

The school can act as a community hub. The principal is an ideal choice to represent your school district on the coalition. With extensive influence on students, parents and school personnel, the principal will be able to put coalition plans quickly into action. If the principal is not available, attempt to secure participation from a teacher.

Youth trained in CPR will increase the likelihood of bystander help, which is a critical component of an effective CRC. Youth involvement also acts as a catalyst in increasing parent/guardian awareness (Mandel & Cobb, 1985).

(vi) Local Clubs and Faith Organizations Representative

Local clubs and faith organizations have an active voice in your community and are skilled in mobilizing a group. These groups meet frequently, creating an ideal platform to inform their members about the CRC initiative as well as host CPR training sessions. Through their members, they are able to secure additional CRC funding which is imperative to the success of the initiative. Examples of groups to consider include Kiwanis, Rotary, Elks, Lions, Knights of Columbus, Jaycees, ministerial groups and local youth groups.

(vii) Local Government Representative

Your coalition should include local government officials such as your city mayor and a county commissioner. Your government officials are directly responsible for making policy changes and are in charge of resource allocation, which may allow them to provide funds necessary to the success of the CRC initiative (such as purchasing AED's). As policy makers, they will be able to influence change and help move the CRC initiative forward. (MRSC, 2015). Contact your county courthouse or city hall to secure local government presence on the coalition. Below is a link to a list of Montana county commissioners.



[Montana Association of Counties](#)

(viii) Local Media Representative

The media will be able to promote the CRC initiative and garner the necessary attention to raise needed funds and community support. Local media may include but is not limited to: radio/T.V. news broadcasting, city website, social media and the local newspaper.

(ix) Business Partner Representative

Business partners are able to promote and advertise the CRC initiative. Collaborating with your Chamber of Commerce will aid in garnering additional advertisement of the CRC initiative using the Chamber's website and other social media. Realtors are also ideal partners to become involved. Their involvement is mutually beneficial because their advertisement of the community as Cardiac Ready will both promote the initiative as well as increase sale likelihood. To secure business partner presence on the coalition, contact the local Chamber or managers of your local business branches.

(x) Cardiac Arrest Survivor Representative

Cardiac arrest survivors make the CRC initiative personal and can connect to your community through their survival story. Cardiac arrest survivors are a living testament to the importance of the CRC initiative. They will be able to act as the face of the initiative as well as praise the importance of all components of the cardiac chain of survival. To find survivors to sit on the coalition, contact media or local clubs that may have contact with survivors.

(xi) Physician Representative

A physician representative will act as a leader on the clinical front. The physician representative is also critical for implementing and monitoring quality improvement procedures and subsequently encouraging the continuous quality improvement process. To secure physician representation on the coalition, contact your local hospital or EMS agency.

(xii) AHA/ Red Cross Representative

Both of these organizations are important because they are a tremendous resource for training volunteers and health care providers in basic CPR. They both have extensive experience in mobilizing volunteers. To find a member to participate in the coalition, contact the respective local representatives using the links below.



[American Red Cross](#)



[American Heart Association](#)

(xiii) Local Emergency Planning Committee (LEPC) and Tribal Emergency Response Commission (TERC) Representatives

The LEPC and TERC have relationships with local government officials, first responders and stakeholders. Often, the county Disaster and Emergency Services (DES) coordinator acts as the chair of the LEPC. To secure LEPC representation on the coalition, contact your county government office and ask to speak with your local DES representative.

Your local TERC has authority over tribal lands, which will be valuable when securing tribal participation in the initiative. To secure TERC representation on the coalition, contact your local tribal government offices.

Check for Coalition Representation

After finalizing the community coalition, compile a list of participating members and add it to your *CRC Recognition Packet*. The list should include the contact information and corresponding positions of all members. The list will serve as a reference for the state when attempting to initiate future contact with the coalition.

To ensure you have the necessary representation on the community coalition, it may be helpful to fill out a table similar to the one below (from the Cardiac Ready Communities Planning Checklist). The table should be included in the *CRC Recognition Packet*.

Table 1.0

Activity/Resource	Contact	Contact Information	Project Role
Identifies Local Lead Organization and Coordinator			❖ Leads Effort ❖ Assists ❖ No Role
Secure EMS Involvement			❖ Leads Effort ❖ Assists ❖ No Role
Secure FD Involvement			❖ Leads Effort ❖ Assists ❖ No Role
Secure Clinic/Hospital Involvement			❖ Leads Effort ❖ Assists ❖ No Role
Secure School/Local Club Involvement			❖ Leads Effort ❖ Assists ❖ No Role
Secure Local Government Involvement			❖ Leads Effort ❖ Assists ❖ No Role
Select a Program Medical Director			❖ Leads Effort ❖ Assists ❖ No Role
Recruit a Local Media Member			❖ Leads Effort ❖ Assists ❖ No Role
Recruit Local Celebrities/Leaders			❖ Leads Effort ❖ Assists ❖ No Role
Recruit Local Survivors and Family Members			❖ Leads Effort ❖ Assists ❖ No Role
Recruit Local CPR Instructors			❖ Leads Effort ❖ Assists ❖ No Role

At this point, it may be helpful to schedule a meeting with the state. The meeting will help guide your next steps in becoming Cardiac Ready Community recognized. To prepare for your meeting with the state, it is recommended you complete a tabletop exercise with the coalition members. The tabletop exercise simulates many of the issues and challenges faced when starting a CRC. As such, the tabletop exercise will familiarize the coalition members with the community wide initiatives (CWIs) comprising a CRC. It will also aid in determining which CWIs you may need additional guidance from the state to complete. The state may also conduct a similar tabletop exercise during the CRC recognition meeting, so completing the exercise prior to the state visit may be helpful. Contact the Cardiac Ready Communities office for more information about a tabletop exercise.

Step 3. Complete an Initial Assessment of all Community Wide Initiatives

After establishing the community coalition, the next step is to complete an initial community assessment. An initial assessment is essential to gauge the readiness of the community to implement the CRC initiative. The assessment will determine how close you are to meeting the criteria for each CWI. Knowing this will assist you in developing an action plan and in distributing your community resources.

Completing an initial community assessment is also necessary to gain CRC recognition by the Montana DPHHS. The state will require your initial scores for each CWI. The initial assessment consists of two phases: using the coalition knowledge to arrive at an initial score for each CWI and then a validation of each score.

(i) Use the coalition members to assign initial scores for each CWI.

Start by asking each coalition member to read the CRC Planning and Application Packet. The packet is available on-line. Click on the link “Cardiac Ready Community Application and Toolkit” and download the Microsoft Word or PDF document. Ask coalition members to become familiar with goals for each CWI of a Cardiac Ready Community. Coalition members should be encouraged to think about which CWIs their community may already have in place and the steps needed to meet the criteria for each CWI.



[Cardiac Ready Community Application & Toolkit](#)

Assemble the coalition members after they have familiarized themselves with the CWI scoring criteria. Work with your coalition and assign each CWI a score from 0 to 4. To score a CWI, refer to the *Cardiac Ready Communities Program Planning and Application Packet*.

The score is important to understand how far along the process you are and to develop an action plan to meet/exceed the recognition criteria for each CWI. For assistance in developing your action plan, see section 4(iii) of this document.

(ii) Validate CWI scores

The coalition members' experiences and beliefs are the basis for the initial CWI scores. Therefore, it is important to validate the coalition members' intuition to be certain about the

correct strategies to employ moving forward. As you validate each CWI score, be sure to document the progress and include it in the *CRC Recognition Packet*. The champion will be responsible for providing the *CRC Recognition Packet* at the final meeting with the state to gain CRC recognition. Below are several recommended methods for validating each CWI score.

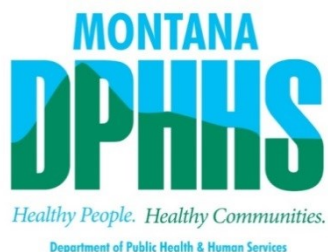
a. Validating your Community Leadership Score

The state will validate the level of community leadership by examining the coalition composition and its engagement level. The coalition must have representation from all sectors of the community as listed in section 2 of this document (Establishing the Community Coalition). Focus on ensuring the relationship between the champion and the coalition is strong and work to develop a plan to ensure the sustainability of the CRC initiative.

The state will use meeting minutes to validate the level of community engagement. Be sure to record minutes of each coalition meeting. The meeting minutes, the table of coalition representatives (*Table 1.0*) and the CRC sustainability action plan are the three key pieces of documentation you must include in your *CRC Recognition Packet*.

b. Validating your Community Awareness score

Begin by consulting the Montana Department of Public Health and Human Services' Cardiovascular Health Program. Follow the link below to the main website.



[Montana DPHHS Cardiovascular Disease Awareness Program Main Website](#)

Consider what techniques are used to spread your message to the public. Options include, but are not limited to, newspaper advertisements, TV commercials, radio interviews, radio advertisements and billboards.

Be sure to complete a table, such as the one below, and include it in your *CRC Recognition Packet*. The first row of Table 2 provides a hypothetical example as to how to complete the table.

Table 2.0

Media Source	Duration of Advertisement	Estimated Audience
Local Newspaper	January 1 st – 31 st (1 month)	200 individuals

Media Source	Duration of Advertisement	Estimated Audience

c. Validating your CPR Program Score

Begin by determining the number of CPR instructors in your community. To get an accurate count, contact the following agencies/organizations:

- Montana Heart Rescue
- Montana American Heart Association
- American Red Cross Montana Affiliate

After creating a list of CPR instructors, contact each instructor and ask whether they are holding active and regular CPR classes. If they are, then ask them to provide a count of the number of participants in the past year. Encourage them to track attendance in the future through the Montana Heart Rescue Tracking Database. This tracking process should include a breakdown of CPR trained individuals into the following categories: hands only CPR or layperson CPR (get a certificate). If you would like access to your program's data, please contact [Mike McNamera](#).



Once the database tracking process is in place, you can now determine the number of layperson CPR trained individuals in your community. To confirm your CPR score, calculate the percentage of CPR trained individuals based on your community's population. If the percentage is less than 50%, then contact your list of instructors to ask if they can hold additional CPR training classes. If they are at capacity, reach out to Montana Heart Rescue, the Montana Chapter of the American Heart Association or American Red Cross Montana Affiliate for assistance in locating or recruiting more instructors in your community.

Be sure to document the list of instructors, number of community members trained, and your percentage of community members trained in your *CRC Recognition Packet*.

d. Validating your Public Access Defibrillation Score

Work with your community coalition to identify all of the publically accessible AEDs in your community. You need the *number* and the *location* of AEDs throughout your community.

Once the count and location is completed, verify your findings against the state registry. If you located an AED not listed in the registry and it is publically accessible, be sure to enter it into the

state registry. For answers on how to enter an AED in the state registry, see section 4(iv) (a) of this document.

Add the list of the AEDs found in your community to the *CRC Recognition Packet*. Make sure to specify whether each AED on your list is in the registry.

e. Validating your Emergency Medical Dispatching (EMD) Score

Contact the dispatch supervisor for your community and ask whether his/her department provides bystander CPR instruction. If they do not, ask whether they would be interested in so doing. Information on starting a dispatcher CPR program is provided in section 4(iv) (e). During the CRC recognition meeting, the state will run a simulation drill to validate whether dispatchers can provide dispatcher assisted CPR.

f. Validating your EMS Services High Performance CPR Score

The goal of high performance CPR (HP CPR) is to increase the patient's odds of surviving neurologically intact by maintaining a high level of cardiac compressions.

If the EMS service received a LUCAS 2 mechanical CPR device, they also received HP CPR training. Ask whether a trainer conducted high performance CPR training with EMS personnel. HP CPR and use of the Lucas requires ongoing training. A log of all EMS training would indicate this; include a copy in your *CRC Recognition Packet*.

Medical Directors also play an integral part in ensuring EMS personnel are providing HP CPR by guiding the quality improvement (QI) process. Training logs will document when the medical director leads a QI session involving high performance CPR; include a copy in the *CRC Recognition Packet*.

To validate the EMS personnel HP CPR score, the state will use feedback capable devices to assess CPR quality. Use of programs such as Code-Stat may also be used.

g. Validating your Hospital Services High Performance CPR Score

If the hospital received a LUCAS 2 mechanical CPR device, they also received HP CPR training. Ask whether a trainer conducted high performance CPR training with ED personnel. HP CPR and use of the Lucas requires ongoing training. A log of all training would indicate this; include a copy in your *CRC Recognition Packet*.

Be sure to ask what types of performance improvement strategies are in place for individuals needing to improve their HP CPR skills. To validate your hospital services' score, the state will engage in a simulation exercise during the CRC recognition evaluation.

Step 4. Implement a Few Community Wide Initiatives at a Time

(i) Choose a few CWIs (1-3)

It is important to first select CWIs you feel are easiest for your community to successfully complete (ones that you have already scored 3 or 4). You want the first CWIs to be a success to increase morale and confidence amongst the coalition and community.

As a reminder, the CWIs from which to choose include:

- a. Community Leadership
- b. Community Awareness Campaign
- c. CPR Programs
- d. Public Access Defibrillation Program
- e. EMS Dispatching Program
- f. EMS Services (High Performance CPR)
- g. Hospital Services (High Performance CPR)

(ii) Write SMART Objectives for each CWI

Begin setting goals for the few CWIs you selected. When setting goals, remember a minimum score of 3 for each CWI is required to receive cardiac ready recognition. The state would ultimately like all CWIs to obtain a maximum score of 4. However, initially it may be wise to set more realistic, attainable targets to gain community momentum. For example, if the validated baseline CWI score is 10% of the population CPR trained, then attainable intermediate targets might be 25% in year 1, 50% in year 2, and 80% as the final goal.

A **SMART** objective is defined as one that is specific, measurable, achievable, results-focused and time-bound. **SMART** objectives are used in education and in the business world to clearly define outcomes and expectations. Here is one link to find out more about [SMART objectives](#). Many other resources are available on-line.

(iii) Write an Action Plan for each CWI

It is necessary to define the activities related to achieving the stated CWI goal. You need a documented strategy consisting of structured activities to meet the target change level for each goal. The documented strategy is a written action plan and may include training manuals and protocols. The action plan should describe the tasks, who is responsible, the resources needed and timelines. Click this [link](#) to learn more about community action plans.

(iv) Leverage Resources for each CWI Action Plan

After writing a CWI action plan it is then necessary to leverage resources to implement it. Resources may include people, equipment, time as well as finances. As you develop strategies, you should track each implementation step and who is responsible for its completion. As you think through each CWI strategy, it is important to keep in mind the resources needed. You may need multiple strategies to meet the CWI recognition criteria and costs may quickly escalate.

a. Community Leadership

Your selected champion is responsible for leading the coalition as well as the CRC initiative. If you are unsure of how to select a champion, contact [Janet Trethewey](#) for assistance.

b. Community Awareness

To secure assistance for developing community awareness strategies, begin by contacting your coalition media representative. Your local media is essential for increasing awareness of the campaign throughout your community. You can work with local media to develop a community campaign around CRC awareness. The campaign may include radio and T.V. coverage as well as local community events that support the CRC initiative (such as CPR training sessions or information regarding AED use).

Topics the community campaign can touch on include:

- How to recognize a cardiac arrest
- Reducing apprehension about executing CPR correctly
- How to administer CPR properly
- Reducing concern of catching a communicable disease through the execution of mouth to mouth ventilation
- Promoting hands-only CPR for use in schools and workplaces

When these local community events take place, media coverage can dramatically increase exposure and therefore event attendance.

For more information regarding the development of a community campaign, follow the links below.



[RESUSCITATION ACADEMY](#)



[CENTER FOR DISEASE CONTROL & PREVENTION](#)

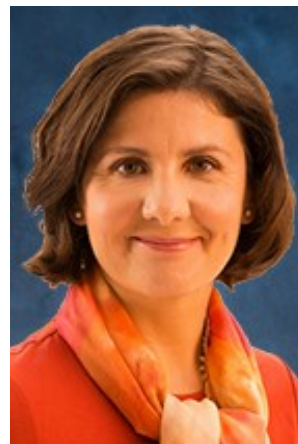


[CARDIOVASCULAR HEALTH PROGRAM](#)

For additional help in developing your community campaign, contact Mike McNamara or Carrie Oser.



Mike McNamara
 Secondary Prevention Specialist
 E-mail: mmcnamara@mt.gov
 Phone: (406) 444-9170



Carrie Oser
 Cardiovascular Disease Epidemiologist
 E-mail: coser@mt.gov
 Phone: (406) 444-4002

c. CPR Programs/AED Training

Contact the list of registered CPR instructors in your community. Encourage them to track course attendees on the MT Heart Rescue site. This will be the best way to keep an accurate count of the number of CPR trained individuals in your community. MT Heart Rescue tracks and records the number of CPR trained individuals in Montana into one database. Numbers of participants are tracked by zip code so a community can access their data.

If you are having difficulties recruiting individuals in your community for CPR training, contact MT Heart Rescue. MT Heart Rescue focuses on promoting “Hands Only CPR,” a simplified version of CPR that eliminates mouth-to-mouth resuscitation. The course is taken in just ½ hour and can be brought to the participants. This increases the likelihood of community members completing a CPR training course. MT Heart Rescue has experience training both facilitators and individuals in “Hands Only CPR.” For assistance or questions regarding “Hands Only CPR,” contact Mike McNamara at MT Heart Rescue.

Over a prolonged period, hands only CPR is insufficient to prevent death from cardiac arrest. Thus, it is important that many community members are also fully CPR trained and are familiar with AED operation. Reach out to Amanda Cahill of Mission Lifeline Montana or your local CPR instructors for assistance in getting your community members fully CPR and AED trained.

Amanda Cahill
 Director of Quality, Montana:
 Mission Lifeline
 Phone: (406) 220-0063
 Email: Amanda.cahill@heart.org

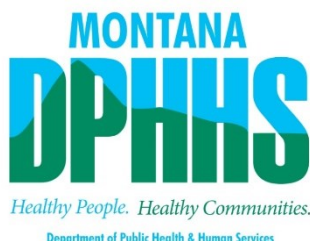
d. Public Access Defibrillation

To create a comprehensive list of the AEDs in your community, check the state database. All AEDs registered are accessible through the Montana State registry. If you find an AED that is not registered, register it with the state. For assistance on adding an AED to the registry, contact Francine Giono Janik. She will provide you with a user log in to access the registry.



Francine Giono Janik
 EMS Licensing and PI Specialist
 Phone: (406) 444-3896
 Email: fjanik@mt.gov

For more information on registering a new AED, follow the link below.



[Public Access Defibrillation Program Registration](#)

An AED community scavenger hunt is one suggestion for determining the number and location of AEDs in your community. Contact the local clubs representative on your community coalition; the Boy Scouts or the Boys and Girls Club may be interested in participating in this activity. A scavenger hunt allows you to locate AEDs, get a total AED count and aids in spreading awareness about the CRC initiative. Participating community members and clubs will also become aware of the goals of the initiative while actively determining AED placement in the community.

You might reach out to the fire department representative on your community coalition. The fire department may complete regular AED checks in the community and thus might have information regarding the number and location of additional AEDs.

After registering known AEDs with the state, determine the number of AEDs your community still needs to purchase. To qualify as a CRC, 75% of public buildings and schools must have an AED. As a guideline, AEDs should be in easily accessible and highly trafficked areas. Mount AEDs on the wall at height children and/or those with disabilities can easily reach (New Hampshire Department of Safety, 2016).

After registering an AED with the state, contact the Cardiac Ready Communities Program to receive door decals to alert community members that an AED is located in that facility.

Based on the CRC guidelines purchase and distribute new AEDs. Coordinate with local EMS to insure device compatibility. You may wish to enlist the help of your local law enforcement or fire department to aid with distribution. This ensures all AED placement follows guidelines and regulations. Register the newly acquired AEDs with the state.

If you are having difficulty funding the purchase of new AEDs for a government entity (public school, city or county building, etc.), you may wish to purchase your AED using state purchasing contracts. The State of Montana has contracts with AED manufacturers to purchase AEDs at a reduced price. A government entity is able to benefit from this procurement process and the negotiated price reduction.

If you have difficulty funding the purchase of new AEDs for a non-government entity (private business, etc.), contact your local philanthropic groups (Eagles, Elks, Kiwanis, etc.) to seek assistance with fund raising. Also, visit the Sudden Cardiac Arrest Foundation's website for more information on how to locate and access AED funding. The link is below.



[Sudden Cardiac Arrest Foundation](#)

For more information regarding Public Access Defibrillation, use the link below to access a toolkit from the Resuscitation Academy.



[Resuscitation Academy Toolkit](#)

e. Emergency Medical Dispatching (EMD)

Emergency medical dispatching (EMD) is essential to informing bystanders of correct CPR protocol before EMS arrival. Dispatchers properly trained in guiding bystanders through CPR are crucial to improving the odds of patient survival.

EMD certification courses are available to train dispatchers in a wide variety of topics regarding over the phone medical instruction. These courses cover dispatcher assisted CPR (DA CPR) protocol, but include other medical emergencies. For purposes of this initiative, dispatchers need only be certified in DA CPR. The State of Montana EMS and Trauma Systems section provides EMD training at no cost. Contact Shari Graham for more information. For more information

about dispatcher assisted CPR training use the link below to access a toolkit from the Resuscitation Academy.



[Dispatcher Assisted CPR Toolkit](#)

f. EMS Services and Hospital Services (High Performance CPR)

To secure assistance for HP CPR, contact Janet Trethewey of the Cardiac Ready Communities Program. She is responsible for coordinating the Montana Master Trainers and can schedule a time for a Master Trainer to work with your community. Master Trainers are experts in HP CPR and can teach members of your EMS or hospital staff correct techniques and the standard protocol to use when performing HP CPR.

Feedback capable CPR manikins enhance the CPR training process by measuring the effectiveness of HP CPR. For more information regarding borrowing a feedback capable manikin, contact Janet Trethewey.

HP CPR has also been referred to as Pit Crew CPR. For more information on performing HP CPR, follow the links below.

[American Heart Assn. Guidelines for CPR & ECC](#)

[American Heart Assn. Guidelines for high performance CPR](#)

[Resuscitation Academy high performance CPR toolkit](#)

Step 5. Promote your Community Wide Initiatives

After solidifying your CWI strategies, it is important to promote them. Community promotional events may include holding small press conferences or town hall meetings allowing community members to ask questions about the initiative and learn how they can become involved.

A strong social media presence is necessary to promote the initiative. Create a website and Facebook page dedicated to your CRC initiative. Having a website and a Facebook page allows community members access to information about upcoming CRC events, making their participation easier and more likely. It also allows them to share promotional information about your CRC with their friends and fellow community members. Make sure to have media coverage at all community events. You can then post media clips and pictures of the events to your website and Facebook page.

A table such as the one below may be helpful when you begin the promotion of your CRC and can be included in the *CRC Recognition Packet*.

Table 3.0

Activity/Resource	Lead/ Info	Location Details	Project Role
Plan Event – City Council Meeting, Public Event or Other			❖ Media ❖ Partner Participation ❖ Community Participation
Develop and Share Media Releases			❖ Media ❖ Partner Participation ❖ Community Participation
Consider Additional Publicity of CWI – City Website, Notices, Etc.			❖ Media ❖ Partner Participation ❖ Community Participation
Display Signs – Consider Events and Media for Each Posting			❖ Media ❖ Partner Participation ❖ Community Participation
Determine Continued Work of the Coalition			❖ Leads Effort ❖ Assists ❖ No Role
Determine Group that will Continue Ongoing Strategies			❖ Leads Effort ❖ Assists ❖ No Role

Step 6. Monitor and evaluate the progress of your Community Wide Initiatives

There are two things you should be evaluating for each CWI. The first is whether the CWI action plan is being followed with fidelity (i.e., implemented as intended). The second is to monitor whether you are meeting the CWI goal. Information gathered from these two evaluations is important in guiding your decisions (Renger, Bartel, Foltysova, 2013). For example, if you are struggling to meet your CWI goal and your strategy is being implemented according to plan, then the coalition should examine other strategies. On the other hand, if you are struggling to meet your CWI goal, but your action plan isn't being followed, then you should direct your effort at improving the action plan implementation.

The evaluation of your action plan can be as simple as making a checklist for the CWI action plan. If a step is missed, then the coalition should meet to discuss why and what corrective actions to take. Refer back to your SMART objectives to assist with evaluation.

You should use the same methods to evaluate ongoing progress toward your goal as you did to validate the score. By using the same methods, you can directly compare your initial baseline measurement to your current measurement and determine the effectiveness of your strategies. You can complete this process until each CWI meets the CRC recognition criteria.

Step 7. Select additional Community Wide Initiatives and Repeat

Once achieving success in one or more of the CWIs, you can begin working on additional CWIs. Follow the same process used for the first few CWIs by developing effective and feasible strategies using SMART objectives. Ensure you are continuing the strategies for the first CWIs while developing new strategies.

Repeat this process until you have satisfied all CRC recognition criteria for each CWI. Remember to gain recognition, a score of at least 3 must be earned in each of the CWIs below.

- a. Community Leadership
- b. Community Awareness Campaign
- c. CPR Programs
- d. Public Access Defibrillation Program
- e. EMS Dispatching Program
- f. EMS Services (High Performance CPR)
- g. Hospital Services (High Performance CPR)

Consult the Montana Department of Public Health and Human Services Cardiac Ready Communities Program Planning and Application Packet for a refresher on scoring each CWI.

Step 8. Set up an Evaluation Meeting with the State

To seek CRC recognition for your community, set up a final meeting with the state. In this meeting, the state will use the information you gathered into the *CRC Recognition Packet* to assess your eligibility.

Before you meet with the state, make sure each item in the checklist below is included in the *CRC Recognition Packet*.

- ☐ Contact information for CRC Champion
- ☐ List of Community Coalition Members (*Table 1.0*)
- ☐ Community Coalition Meeting Minutes
- ☐ CRC Sustainability Action Plan
- ☐ Community Awareness Advertising Information (*Table 2.0*)
- ☐ CPR Information from Database
- ☐ List and Location of AED's in the Community
- ☐ List of HP CPR Trained EMS Members
- ☐ CODE-STAT Readouts from LIFEPAK Monitors (if available)
- ☐ CODE-STAT Analyses (if available)
- ☐ Records of visits to your community from Master Trainers
- ☐ Medical Director and EMS Communication Records
- ☐ List of HP CPR Trained Hospital Members
- ☐ Promotional Efforts (*Table 3.0*)

During the meeting, the state may also run one or two simulation exercises (such as EMD or HP CPR drills) to confirm your CRC readiness. Before the meeting, you may wish to repeat the tabletop exercise done initially with the coalition members. The tabletop exercise will aid in allowing you to gauge the closeness of your community to cardiac ready recognition eligibility. It will also help identify any challenges your community may still face and find solutions to these challenges before contacting the state.

Step 9. Yearly Follow-up

After achieving CRC recognition make sure to continue regular yearly follow up measurements. This is not a one-time endeavour. The goal is to develop a self-sustaining program that continually works to maintain cardiac readiness within the community. An appropriate date would be in February when there is a natural reminder of hearts from Valentine's day. Also, October is Sudden Cardiac Awareness Month.

References

- American Heart Association. (2016). *AHA: Billings, Montana Affiliate*. Retrieved from http://www.heart.org/HEARTORG/Affiliate/Billings/Montana/Home_UCM_WSA039_AffiliatePage.jsp
- American Heart Association. (2016). *Guidelines for CPR and ECC*. Retrieved from <https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/>
- American Heart Association. (2016). *Guidelines for high performance CPR*. Retrieved from http://cpr.heart.org/AHA/ECC/CPRAndECC/ResuscitationScience/High-QualityCPR/UCM_473208_High-Quality-CPR.jsp
- American Red Cross. (2016). *Montana: Contact us*. Retrieved from <http://www.redcross.org/local/montana/contact-us>
- Community Tool Box. (2016). *Developing an Action Plan*. Retrieved from <http://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/develop-action-plans/main>
- CDC. (2015). Division of Community Health Resources. Retrieved from <http://www.cdc.gov/nccdphp/dch/resources/index.htm>
- Eisenberg, M. S. (2013). *Resuscitate: How Your Community Can Improve Survival from Sudden Cardiac Arrest*. University of Washington Press.
- FEMA. (2012). Handbook for EMS Directors. Retrieved from "[Handbook for EMS Directors](#)"
- Futures, S. W. (2010). How the workplace can improve collaboration. *White Paper*. June.
- International Academy of Emergency Dispatch (1991). Jeff Clawson, M.D. "Can't You Tell Me What to Do?!" Retrieved from <https://www.emergencydispatch.org/articles/cantyoustellme1.htm>
- Kirkpatrick, S. A., & Locke, E. A. (1991). Leadership: do traits matter? *The executive*, 5(2), 48-60.
- Mandel, L. P., & Cobb, L. A. (1985). CPR training in the community. *Annals of emergency medicine*, 14(7), 669-671.
- Montana Association of Counties. (2016). *2015-2016 Board of Directors*. Retrieved from : [Montana Association of Counties Website](#).
- Montana Department of Public Health and Human Services. (2015). *AED Registration*. Retrieved from [State of Montana DPHHS Website](#).
- Montana Department of Public Health and Human Services. (2015) *Cardiac Ready Community Planning and Application Packet*. Retrieved from: [MT Cardiac Ready Communities Website](#).

- Montana Department of Public Health and Human Services. (2015) *Cardiac Ready Community Planning Checklist*. Retrieved from: [MT Cardiac Ready Communities Website](#).
- Montana Department of Public Health and Human Services. (2015) *Cardiac Ready Community Resources*. Retrieved from: [MT Cardiac Ready Communities Website](#).
- Montana Department of Public Health and Human Services. (2015) *Cardiovascular Health Program*. Retrieved from: [MT Cardiac Ready Communities Website](#).
- Montana Department of Public Health and Human Services. (2015) *Cardiovascular Health Program State Plan*. Retrieved from: [Montana Heart Disease & Stroke Prevention State Plan](#).
- Montana Department of Public Health and Human Services. (2015) *County and Tribal Health Departments*. Retrieved from [MT State County or Tribal Health Department Website](#).
- Montana Department of Public Health and Human Services. (2015) *Montana Heart Rescue CPR Tracking Database*. Retrieved from: MT State website for [Heart Rescue CPR Training](#)
- MRSC. (2015). Your Responsibilities as a County Commissioner. Retrieved from [MRSC Website](#).
- New Hampshire Department of Safety. (2016). *AED Frequently Asked Questions*. Retrieved from: [New Hampshire AED website](#).
- Renger, R., Bartel, G., & Foltysova, J. (2013). The reciprocal relationship between implementation theory and program theory in Assisting Program Design and Decision-Making. *Canadian Journal of Program Evaluation*, 28(1), 27-41.
- Resuscitation Academy. (2010). *Community Public Access Defibrillation Toolkit*. Retrieved from: State of Montana [Resuscitation Academy Website](#).
- Resuscitation Academy. (2010). *Dispatcher Assisted CPR Toolkit*. Retrieved from [Resuscitation Academy Website](#).
- Resuscitation Academy. (2011). *Foundation and Fundraising Toolkit*. Retrieved from: [Resuscitation Academy Website](#).
- Resuscitation Academy. (2011). *High Performance CPR Toolkit*. Retrieved from: [Resuscitation Academy Website](#).
- Sudden Cardiac Arrest Foundation. (2016). *Finding Funding*. Retrieved from: [Sudden Cardiac Arrest Foundation Website](#).